

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION DIVISION OF SOLID WASTE MANAGEMENT WASTE EVALUATION APPLICATION

PLEASE COMPLETE ALL QUESTIONS

Official Use Only SPC ID #	

1. GENERATOR INFORMATION.					
(A)	Facility Name:				
	Mailing Address:				
	Zip Code:				
	Phone: ()				
(B)	Physical Location:				
	County:				
	Phone: ()				
(C)	Nature of Business:				
	Technical Contact:				
	Title:				
	Phone: ()				
2. U	2. UNDER TENNESSEE'S RULES GOVERNING HAZARDOUS WASTE MANAGEMENT, IS THE WASTE:				
A) B)	YES NO IGNITABLE? □ CORROSIVE? □	Hazardous Waste Code(s):			
C) D) E)	REACTIVE?	RULE 1200-1-1103(1)(b) - A person who generates a waste must determine if that waste is a hazardous waste.			
3. WASTE CHARACTERIZATION. Attach laboratory reports and/or material safety data sheets to adequately characterize the waste or explain why this is not necessary.					
Des	cribe any Special Handling Procedures:	pH (if applicable) Radioactive (Y/N)			
		Flash Point (if applicable) Infectious (Y/N)			
		Physical State: Solid ☐ Liquid ☐ Sludge ☐ Slurry ☐			
Atta	chment Included (Y/N)	Color: Percent Solid:			
4. DESCRIBE HOW WASTE IS GENERATED (Be Specific).					
(A) Rate	of Waste "Generation": Quantity	(B) Rate of Waste "Disposal": Quantity			
Type Units: Tons cy lbs Other (specify)		Type Units: Tons ☐ cy ☐ lbs ☐ Other(specify)			
Freq	uency of Generation: One Time Daily Weekly	Frequency of Disposal: One Time Daily Weekly			
Monthly ☐ Annually ☐ Other ☐(specify)		Monthly ☐ Annually ☐ Other(specify)			

CONTINUED ON REVERSE

CN-1051 RDA 2202

4. (continued)			
(C) Include a narrative and a flow diagram of the process that generates the waste. Your explanation must describe the POTENTIAL contaminants in the waste which should justify your scope of constituents in Item 3. Include attachments as necessary.			
Attachment Included (Y/N)			
5. HOW IS WASTE PRESENTLY MANAGED?			
6. DESCRIBE THE TYPE OF CONTAINER USED FOR TRANSPORT OF WASTE.			
Drums ☐ Roll-Off ☐ Container (dumpster, collector box) ☐ Plastic Bags ☐ Truck ☐ Other			
7. PROPOSED DISPOSAL / PROCESSING FACILITY. List only a facility that you have contacted and which has agreed to accept your waste if approved by the Department.			
(A) Facility Name:			
(B) Facility Permit Number: (C) Facility Operator / Contact Name:			
(C) Facility Operator / Contact Name: Phone: ()			
Phone. (
8. PROPOSED TRANSPORTER.			
Name:			
Address:			
Phone: ()			
9. I hereby certify that the above information is true and accurate to the best of my knowledge.			
Waste Generator's Authorized Signature: Preparer's Signature (If Different):			
Date Date			
Official Use Only			
Reviewer's Signature Date Reviewed			

Send originals with attachments to the Solid Waste Field Office for the region in which the facility listed in Item 7 above is located.

CN-1051 RDA 2202